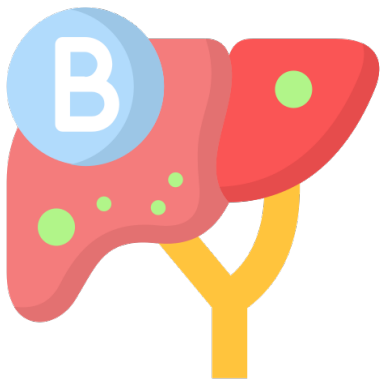




Risk-based Hepatitis B Screening and Management

25 November 2025



Rundown

Topic		Speaker
1	Hepatitis B Screening and Management Service Model and Clinical Workflow	Dr Tony HA Assistant Commissioner for Primary Healthcare
2	Support to Family Doctor for Hepatitis B Screening and Management	
3	Subsidisation and Co-payment Arrangement	Dr Christina MAW Assistant Director of Strategic Purchasing Office
4	Questions and Answers Panelists: Dr Maria LEUNG Representative of Hong Kong College of Family Physicians Dr Matthew LUK Representative of Hong Kong College of Family Physicians	



**You may send us questions anytime using the Q&A function
We will address them during the Q&A session**



Introduction on the launch of hepatitis B screening and management under the CDCC Pilot Scheme

Dr Tony HA

Assistant Commissioner for Primary Healthcare



Background

- Since the official launch on 13 Nov 2023, there has been ongoing development of CDCC Pilot Scheme to achieve the objectives -
 - To provide convenient screening services for cardiovascular risk factors, including diabetes mellitus (DM), hypertension (HT), and lipid
 - To realise the goal of 'Family Doctor for All'
- Announced in Policy Address 2024 and 2025 to implement hepatitis B screening
- Family Doctor concept and holistic care in chronic disease management will be further developed as policy direction

Purpose: *to update Family Doctors on latest development of CDCC for hepatitis B screening*

Key Milestones of CDCC Development

Oct 2022



Policy Address 2022

Set out the policy direction to launch the CDCC Pilot Scheme

Dec 2022



Primary Healthcare Blueprint

Set out direction of development and strategies for strengthening Hong Kong's Primary Healthcare (PHC) system

Nov 2023



CDCC Pilot Scheme

The first item to promote primary healthcare since the announcement of Primary Healthcare Blueprint

Oct 2024



Policy Address 2024

Expand CDCC Pilot Scheme to cover blood lipid testing **(launched on 28 Mar 2025)** & implement hepatitis B screening

Sep 2025



Policy Address 2025

Launch the Chronic Disease Co-care Platform on a pilot basis **to conduct hepatitis B screening**

Topic 1:

Hepatitis B Screening and Management Service Model and Clinical Workflow

Service Objectives

- To prevent liver cancer and to strengthen the role of primary healthcare in the prevention and control of infectious diseases, the Government will **roll out a risk-based hepatitis B screening (hepatitis B) on a pilot basis**
 - provide **subsidised hepatitis B screening in primary care setting** based on DHC and FD model
 - screening at **territory-level for early detection of hepatitis B infection in carriers not aware of own status**
 - enable **early detection** and **treatment** of chronic hepatitis B (CHB) to **reduce the risk of complications** (such as liver cancer and cirrhosis)
 - Integrated in the **Life Course Preventive Care Plan**

Eligibility Criteria & Enrolment

- **Eligibility Criteria**

- Hong Kong residents* born in or before 1988 (the year of the introduction of universal childhood hepatitis B immunisation programme); and
- Whose family members (including parents, siblings and offspring) or sexual partners have chronic hepatitis B; and
- No known medical history of chronic hepatitis B nor related symptoms ; and
- Have not received a complete course of hepatitis B vaccination

**Holding (1) a valid Hong Kong Identity Card within the meaning of the Registration of Persons Ordinance (Cap. 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid, or (2) a valid Certificate of Exemption within the meaning of the Immigration Ordinance (Cap.115)*

- **Enrolment**

- Same workflow as existing CDCC Pilot Scheme, i.e. register as a DHC member and consent to share their data on the eHRSS

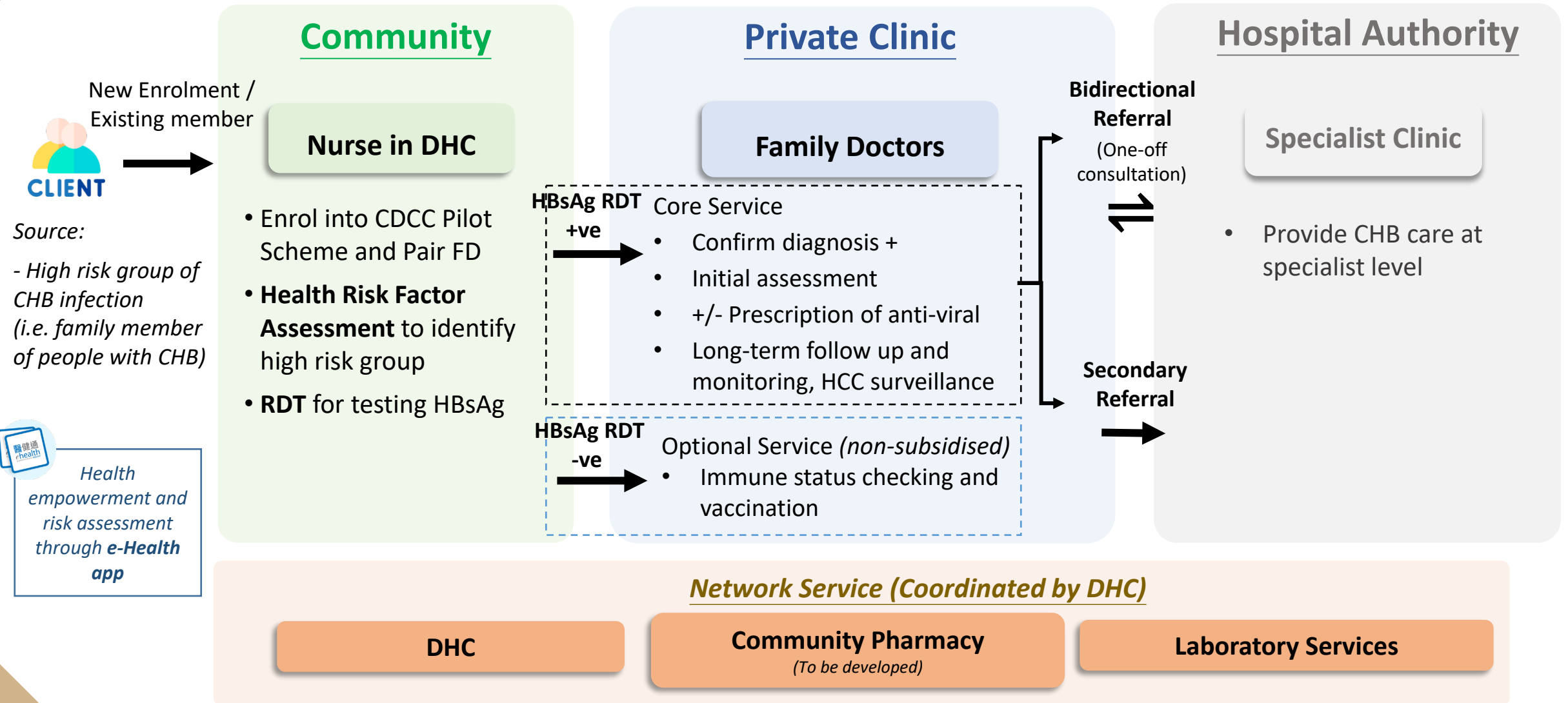
Service Model Design

- To provide subsidised **hepatitis B screening in primary care based on CDCC model, i.e. District Health Centre (DHC) and Family Doctor (FD)**
 - to fill up existing service gap of limited access to screening at territory-level for early detection of hepatitis B infection in **people with chronic hepatitis B (CHB) not aware of own status**

Key features

- Risk-based screening and care services
- Use of HBsAg Rapid Diagnostic Test (RDT)
- Management of CHB infection at primary care level with protocol-driven approach and bi-directional referral mechanism with HA
- IT system enhancement on health empowerment and risk assessment

Service Model



Risk-based hepatitis B screening and management services would also be **provided to eligible underprivileged individuals at designated clinics of Hospital Authority's Family Medicine Out-patient Services**

Service Coverage

Screening

- One-off free-of-charge HBsAg RDT at DHC/Es
- Subsidised HBsAg laboratory test for confirming CHB infection

Management and treatment

- Subsidised medical consultations annually
- Subsidised laboratory and imaging items for long-term follow up and HCC surveillance

Drug Service

- Basic tier drug list expanded to cover 114 items starting from 1 August 2025, including Entecavir for the treatment of hepatitis B

Overview on Key Enablers

1. Update on clinical workflow

- Launch of 2025 Updated Version for Management of Adults with CHB in Primary Care
- Collaboration with Hospital Authority on bi-directional referral mechanisms

2. Enhance CDCC IT System to CDCC Platform

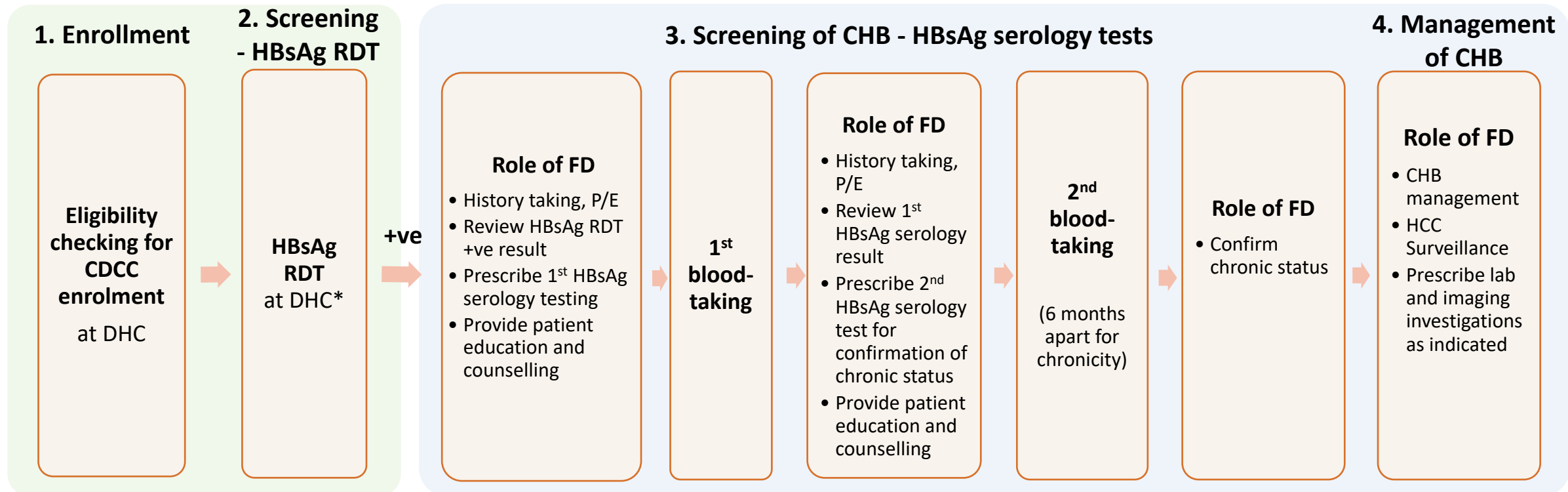
3. Services for underprivileged group

4. Training for healthcare professionals *(to be introduced in topic 2)*

5. Subsidisation and Co-payment arrangement *(to be introduced in topic 3)*

Update on Clinical Workflow

- *Management of Adults with CHB in Primary Care (2025 update)* will be promulgated under **Hong Kong Reference Framework**
- **Algorithm for screening and management, and bidirectional referral criteria to Hospital Authority developed** to support CDCC operation and IT system enhancement
- **Enhanced clinical and IT workflow** to allow flexibility for Family Doctors early CHB case management as clinically indicated



*For test negative cases, shall continue at DHC with other services (e.g. vaccination counselling, vaccination service, health advice)

Enhanced CDCC IT System to CDCC Platform

- Hepatitis B Screening and Management as Pilot for transformation to CDCC Platform
- Further strengthening Family Doctor Concept and holistic care of chronic diseases
- **IT Walkthrough Session for Family Doctors** to be held in Jan 2026

Key Features

1. **One-stop management for multiple health conditions under one holistic platform:**
 - from programme-based design to integrated platform for managing both cardiovascular disease risk factors and hepatitis B in one go
2. **Enhanced design for health condition-driven decision support and clinical management:**
 - System flow design based on care pathway, selecting investigation and management package; and clinical documentation with minimal mandatory essential data
3. **Served as a hub to connect stakeholders for case coordination and management:**
 - Linking DHC/E, FDs, Hospital Authority and service providers

Services for underprivileged group

- Risk-based hepatitis B screening and management services would be provided to eligible underprivileged individuals at **designated clinics of Hospital Authority's Family Medicine Out-patient Services**
- Eligible underprivileged groups:
 - Comprehensive Social Security Assistance (CSSA) Scheme recipients;
 - Old Age Living Allowance (OALA) recipients aged 75 or above; or
 - holders of valid Certificate for Waiver of Medical Charges

Timeline of Service Launch and Announcement

November 2025

- Continuing Medical Education (CME) Training Programme on Hepatitis B module for Family Doctors available for enrolment
- Launch of “Management of Adults with Chronic Hepatitis B in Primary Care” under HKRF

December 2025

- Public Announcement by Press release and Press Conference
- Official Launch of Hepatitis B Screening and Management



January 2026

- IT Walkthrough Session with Family Doctors

Topic 2: Support to Family Doctor for Hepatitis B Screening and Management

Pilot of a Structured Continuing Medical Education (CME) Programme for Family Doctors

- Supported by Primary Healthcare Commission (PHCC), commissioned to The Hong Kong College of Family Physicians (HKCFP)
- Aims to equip family doctors with **up-to-date knowledge** and **skills**; and to address **evolving service needs** of the expanded scope of primary healthcare services

Modules	Topics	
I: Fundamentals of patient-centred consultation in primary care settings	<ol style="list-style-type: none"> 1. Principles of Family Medicine 2. Consultation Models and Skills in Primary Care 3. Collaborative and Holistic Care: Working with Teams, Families, and Communities 	
II: Chronic disease management	<ol style="list-style-type: none"> 1. Hypertension 2. Diabetes mellitus (including pre-DM) 3. Hyperlipidaemia 4. Chronic hepatitis B 	

Module on Chronic Hepatitis B

- Developed by HKCFP in consultation with PHCC to align with the guidelines of *“Management of Adults with Chronic Hepatitis B in Primary Care”*

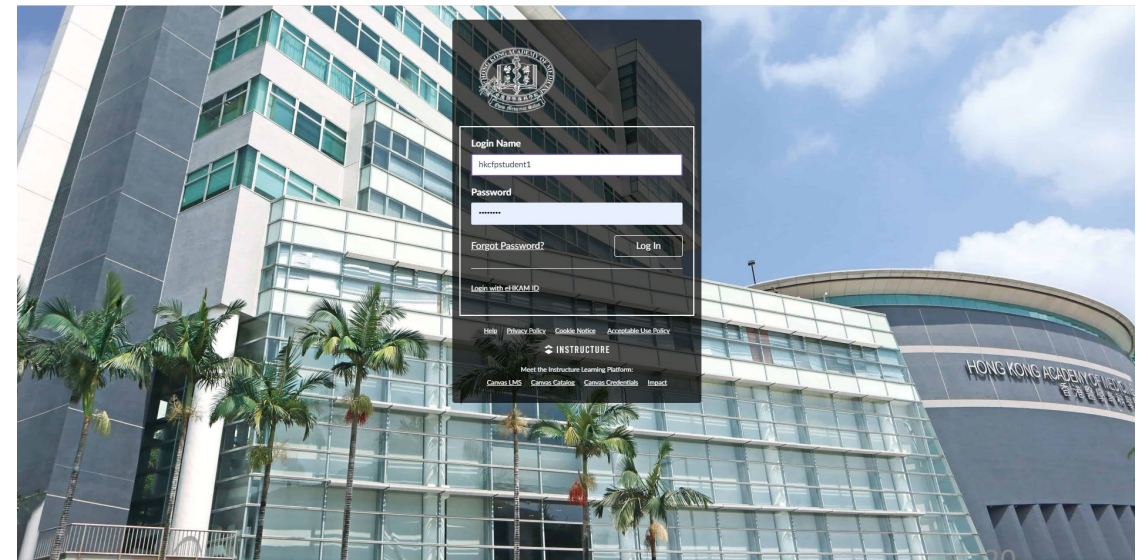
Level	Part	Content	Duration
Basic	Part 1	<u>Chronic Hepatitis B: Epidemiology and Public Health Concerns</u> <ul style="list-style-type: none">• Introduction to Hep B including definition, epidemiology, risk factors and complications• Screening and diagnostic testing for Hep B• Preventive measures for Hep B and its complications (inc vaccinations)• Public health concerns, patient empowerment/family consultation issues	45 mins
	Part 2	<u>Chronic Hepatitis B Diagnosis, Assessment and Monitoring</u> <ul style="list-style-type: none">• Diagnostic criteria and management of deranged LFT: differentiating between acute & chronic hepatitis B, and other causes e.g. fatty liver• Management of Hep B (without drugs)• Monitoring of Hep B without drugs	45 mins
Advanced	Part 1	<u>Drug Treatment and Referral Criteria</u> <ul style="list-style-type: none">• Management of Hep B (with drugs)• Pharmacological treatment of Hep B• Referral to secondary care of Hep B infection	45 mins
	Part 2	<u>Management of Complex and Special Conditions</u> <ul style="list-style-type: none">• Management of Hep B: Complex and special conditions	45 mins

Enroll now

- Doctors listed in the Primary Care Directory (PCD) are welcome to enroll, particularly Family Doctors joining CDCC
- Free of charge
- Unlimited access to HKAM e-learning platform within one year
 - Allow revisit of materials whenever necessary
 - Study anytime, anywhere
 - Allow access to subsequent modules without the need of re-registration



- QR code for enrolment through HKCFP webpage
- Successful enrolment subject to eligibility checking





Subsidisation and Co-payment Arrangement for Hepatitis B Screening and Management

Dr Christina MAW

Assistant Director of Strategic Purchasing Office

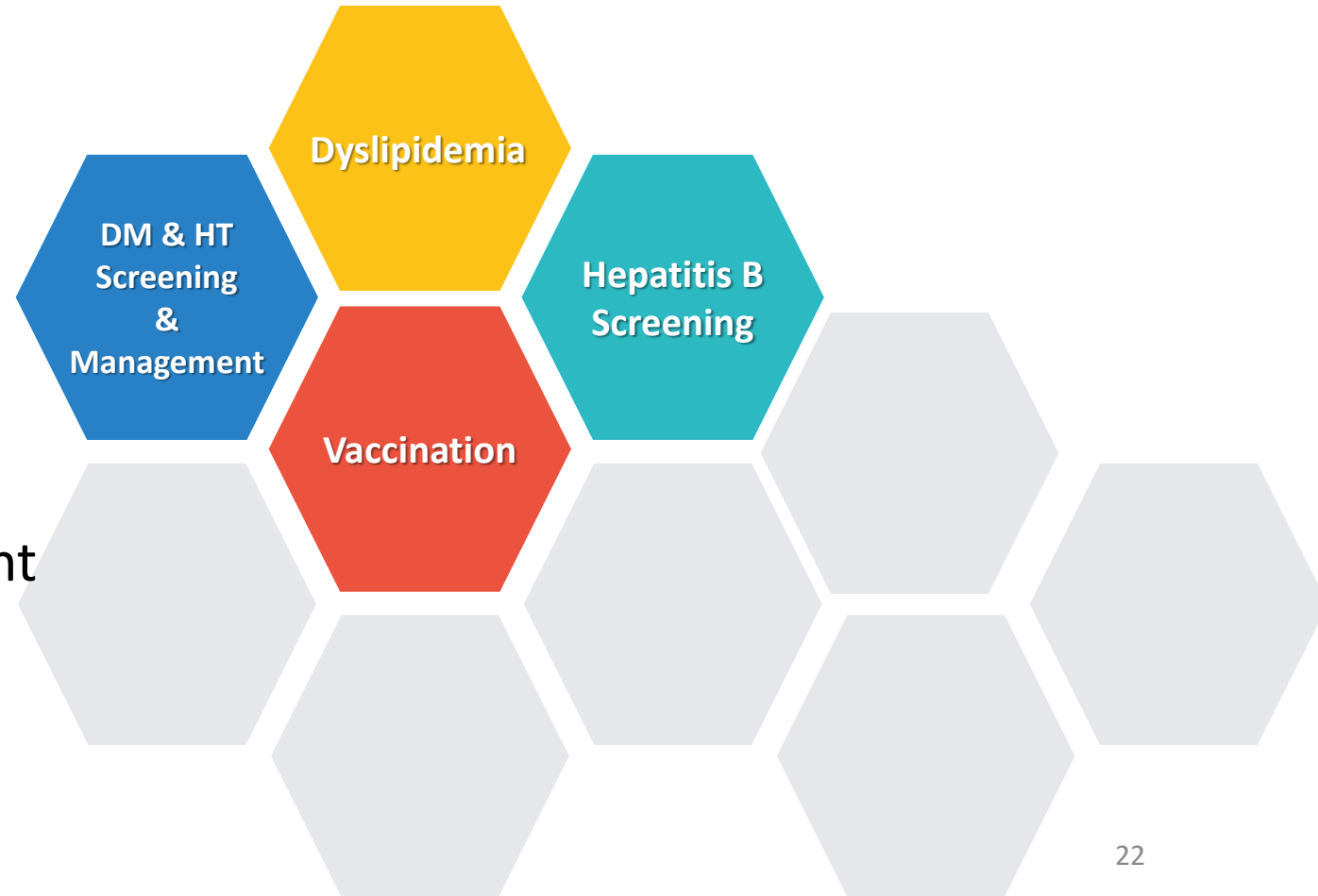


CDCC Platform - A Platform for Multiple Initiatives

- Transform from programme based to platform based
- Launch started with DM/HT, eventually with wider scope of disease coverage
- It will be migrated to a platform which covers different diseases and health situations

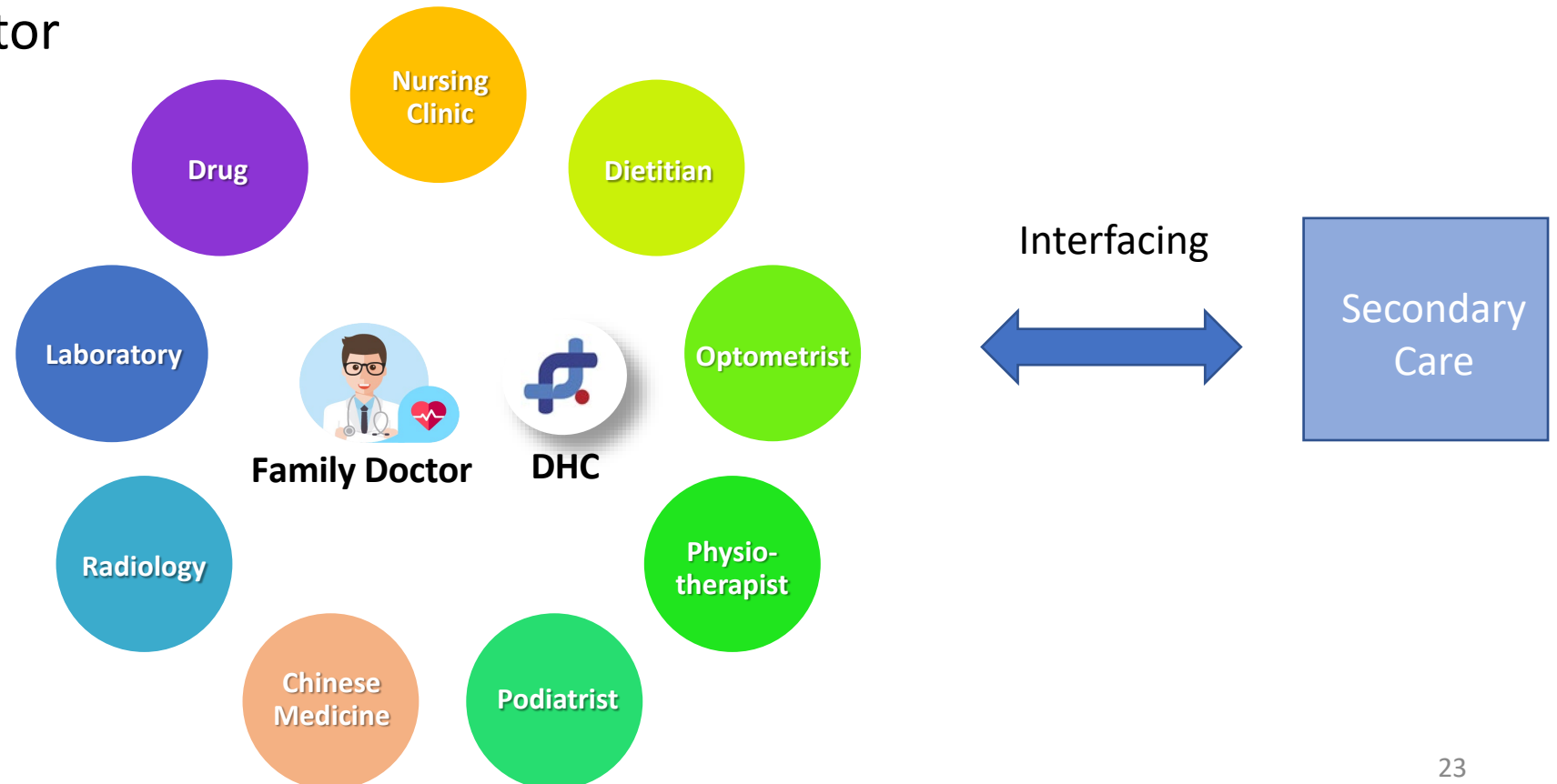
Scope

- Screening
- Preventive care
- Management of chronic diseases
-
-
- Align with PHCC life course management



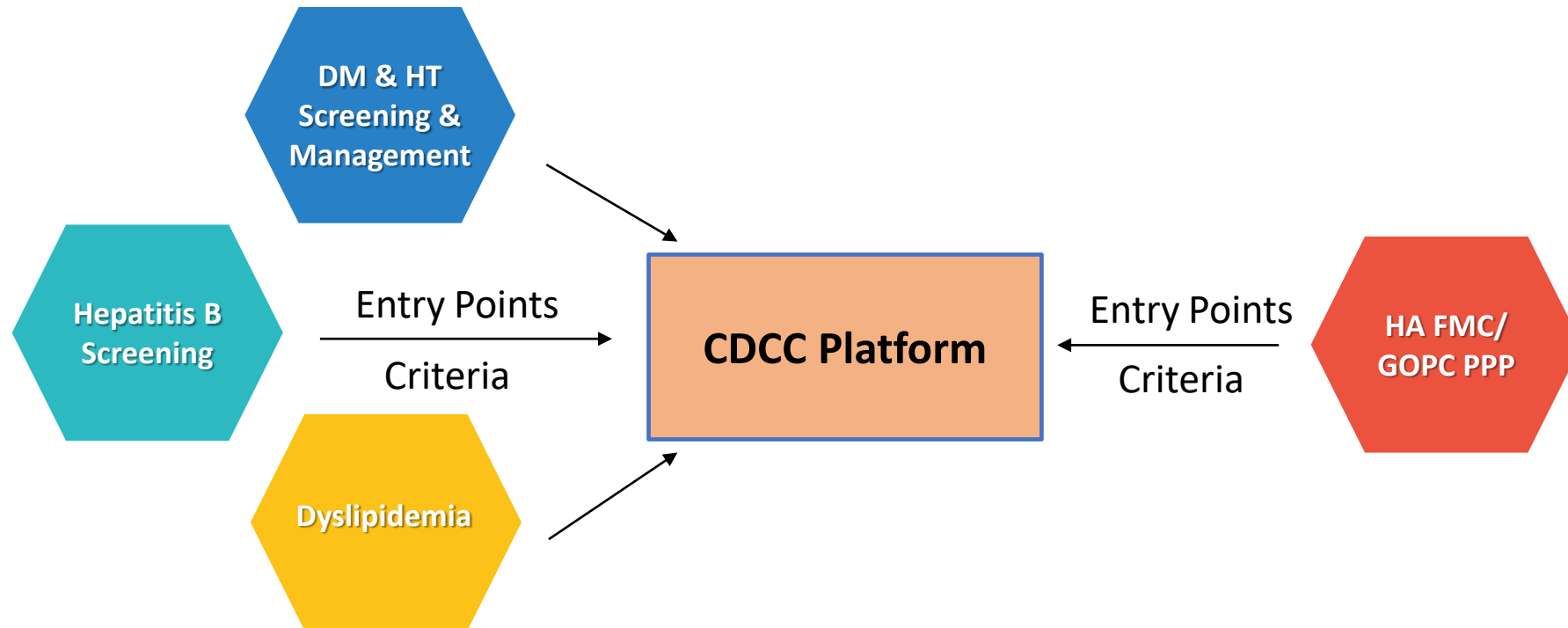
CDCC Platform - with Supporting Services

- Align with PHCC life course management
- Family Doctors provide whole-person care to participants with
 - ☐ Network of multi-disciplinary support
 - ☐ Initiate according to clinical condition / clinical protocol
- DHC as health coordinator



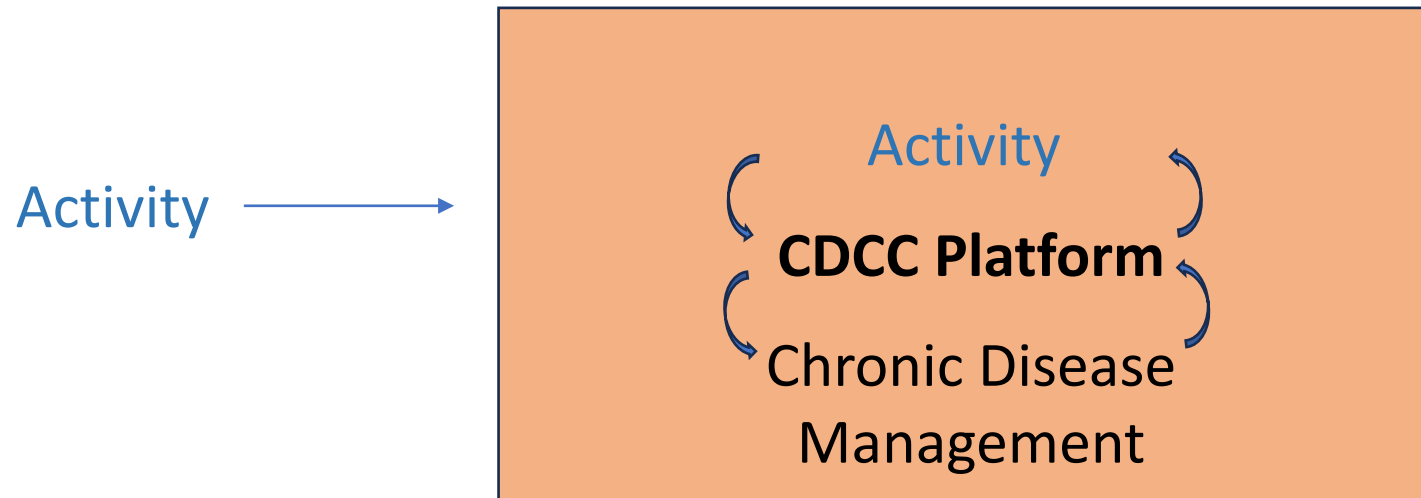
CDCC Platform

- Different entry points to enter the platform
 - ❑ **Screening** entry point: e.g. DM/HT, Hep B, Dyslipidemia
 - ❑ **Selective treatment** entry point: e.g. HA FMC/ GOPC PPP patients enter treatment phase directly
- Holistic care under Family Doctor concept
 - ❑ Regardless of the entry points for CDCC in-scope diseases, once participants entered, **holistic primary care** services shall apply according to protocols based on clinical indications



Encounters: Activity and Consultation Episode

- **Activity** is an one-off event that can be:
 - A **disease screening** or an **intervention**, e.g. vaccination
 - An **entry point** to the platform or an **intervention** after entering CDCC platform
- **Consultation Episodes** are Family Doctor treatment consultations, Nursing Clinics & Allied Health sessions
 - Same episode of consultation should cover management of **multiple concurrent illnesses**



N.B. Activity can be within primary care platform but outside CDCC, e.g. VSS

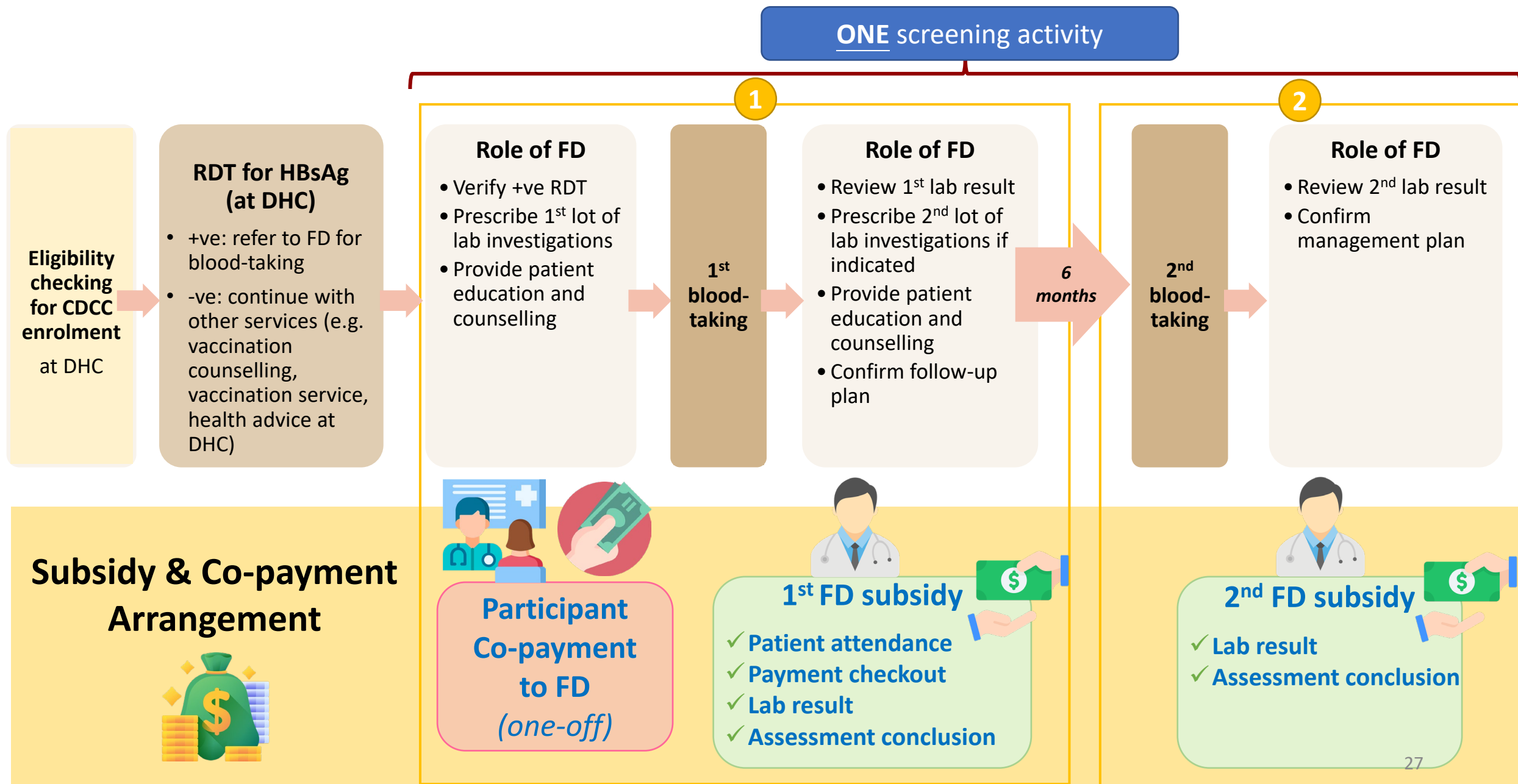
Overarching Principles of CDCC Platform

- Service fee by type of services
 1. **Consultation Episode**: Same episode of consultation should cover management of **multiple concurrent illnesses**
 - Service fee and co-payment are the **same for each episode**, regardless of the number of illnesses covered
 - **Maximum quota** capped by one of the **concomitant illnesses with highest quota**
 2. **Activity**: Service fee set according to the activity and could vary for different activities e.g. Hepatitis B screening, Vaccination
 3. **Complexity subsidy** paid to FD for each participant **per year** under care



Note: Incentive mechanism to be reviewed

Subsidy and Co-payment Arrangement for Hepatitis B Screening Activity



FD Subsidy for Hepatitis B Screening and Management



Service Content	Government Subsidy
Screening	One-off subsidy for each assessment (Initial and second assessments)
Treatment consultation	Subsidy for each subsidised consultation
Drug	Quarterly subsidy*
Complexity Subsidy	Fixed amount per participant per year

Note:

*Quarterly subsidy for each participant who is provided with drugs for chronic illnesses included in the list of Specified Drugs

Participant Co-payment for Hepatitis B Screening and Management



Service Content	Participant Co-payment
Screening	One-off co-payment fee
Treatment consultation	Co-payment fee for each subsidised consultation
Drug	No additional co-payment fee [#]
Investigations in Screening Phase	No additional co-payment fee
Investigations in Treatment Phase	Co-payment fee per item

[#]No additional co-payment fee for drugs under the list of Specified Drugs and/or 3 days of drugs for episodic illnesses

Complexity Subsidy

In addition to the existing subsidy for treatment consultation, FD will also receive a **Complexity Subsidy** for management of complex health conditions of participants

Category	Complexity Subsidy
Tier 1: Simple	
1. Cardiovascular disease risk factors: (HT, DM, Dyslipidemia), OR 2. Hepatitis B only	\$0
Tier 2: Intermediate	
1. Cardiovascular disease risk factors: (HT, DM, Dyslipidemia) + Hepatitis B	Fixed amount per participant per year

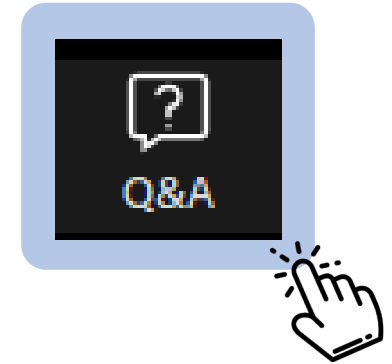
Criteria

- 1. Complexity fee counting period covers 1 Jan – 31 Dec of a **calendar year**, and calculation cut-off is set at the end of each calendar year
- 2. To be eligible for the complexity subsidy, the FD must have provided **at least two consultations** for the **concerned tier** (tier 2) to the participant **within the calendar year**



Questions & Answers

- Please send in your questions using the “Q&A” function
- Questions will be answered one by one
- Unanswered questions will be addressed via the eBulletin
- Please provide your email address if individual follow-up reply is needed
- Webinar materials and relevant quick guides will be shared via eBulletin



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Thank you!

More Views and Questions



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Webinar and reference materials will be available on CDCC website



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